Remodeling Checklist

Before you remodel your kitchen or bathroom, make a checklist of major and minor problems and keep notes of the features you like and dislike. This way, when it comes time to sit down with your designer, they’ll know exactly how to suit your needs, taste and style. Start by thinking about the details in your room and what you’d like to either keep or change in your remodeled room. Use the checklist below for a remodel and indicate what you would like to change, and make any special notes that will help your designer.
Remodeling Project

How soon are you planning to remodel?
________________________________________________________________________

Do you have a Contractor/Remodeler? □ Yes □ No

What is your budgeted investment? ___________________________

What is the main reason for making the change(s)?
________________________________________________________________________

Which rooms will need cabinetry?
☐ Kitchen ☐ #____ Bath(s) ☐ Library/Office ☐ Laundry ☐ Entertainment area ☐ Other ___________________________

When will the cabinets be needed?
Approximate start date: ___________________________
Completion date: ___________________________

Are you willing to change the location of doors and/or windows if necessary?
☐ Yes
☐ No
If yes, explain: ________________________________________________________________________________

What new appliances are you considering and what appliances will be re-used?
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

What small appliances will you need space for?
☐ Coffeemaker ☐ Blender
☐ Toaster ☐ Mixer
☐ Food Processor ☐ Wok
☐ Other ___________________________

Has anyone prepared a kitchen design for you?
☐ Yes ☐ No

KITCHEN

What do you like about your present kitchen?
_____________________________________________________________________________________________________

What do you dislike about your present kitchen?
_____________________________________________________________________________________________________

How many family members are in your household?
______Adults _______Teens _______Children _______Pets

What is your décor/color preference?
_____________________________________________________________________________________________________

What is your wood preference?
_____________________________________________________________________________________________________
Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your kitchen design?
☐ Yes  ☐ No
If yes, please provide them.

Do you enjoy:
☐ Cooking  ☐ Gourmet cuisine  ☐ Baking  ☐ Canning
☐ Other, please specify

Do you entertain frequently?
☐ Yes  ☐ No

Features you would like to see in your new kitchen: What secondary activities do you want to take place in the kitchen?
☐ Appliance Garage  ☐ Sliding Trays  ☐ Lazy Susan
☐ Spice Storage  ☐ Bookcase  ☐ Tilt-out Sink Tray
☐ Bread Box  ☐ Trash Hamper  ☐ Mullion Doors
☐ Tray Divider  ☐ Cutlery Tray  ☐ Open Shelving
☐ Utility Cabinet  ☐ Cutting Board  ☐ Pantry
☐ Decorative Moldings  ☐ Recycling Center  ☐ Wine Storage
☐ Desk Area  ☐ File Drawers

Do you prepare at least one meal every day?
☐ Yes  ☐ No

How many members are normally served at once?
______________________________________________________

Is there a separate dining room?
☐ Yes  ☐ No

Do you own or plan to purchase a table for the kitchen?
☐ Yes. Size_________________________ Shape: square  rectangular  round  oval
☐ No

Are you the primary cook?  ☐ Yes  ☐ No

Is the primary cook right handed?  ☐ Yes  ☐ No

How tall are you?______________________________

How tall is the other cook? (if applicable)___________

Is there anyone in the household with special needs?
☐ Left handed  ☐ Physically challenged  ☐ Other, please explain

______________________________________________________

In what areas should the special requirements be incorporated?

______________________________________________________

How often do you grocery shop?
☐ Every other week  ☐ Weekly
☐ Twice a week  ☐ Daily
☐ Other, please specify ___________
Do you purchase any products in bulk (quantity)?

- Yes  - No

Where do you presently store your packaged foods and canned goods? ________________________________

Where do you presently store tall cleaning and ironing equipment? ________________________________

Do you recycle?  □ Yes □ No

Location of recycling bins:  □ In house □ Garage

What recycle bins are needed?
- Glass  □ Plastic □ Newspaper □ Magazines

**BATH**

What is the main reason for making changes?

__________________________________________________________________________________________

What do you like about your present bathroom?

__________________________________________________________________________________________

What do you dislike about your present bathroom?

__________________________________________________________________________________________

Features you would like to see in your new bath:
- Tall Linen Cabinet □ Wall Cabinet □ Hamper

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your bath design?

- Yes □ No If yes, please provide them.

How many people use this bath? ________________      They are: _____ Adults _____ Teens _____ Children _____ Infants

Is your bathroom a comfortable size for all users?

- Yes □ No

Is your sink at a comfortable height for all users?

- Yes □ No

Is there adequate ventilation in the room?

- Yes □ No

Is there adequate lighting in the room?

- Yes □ No

Is there a convenient spot for soaps and shampoos in the shower/tub area?

- Yes □ No